

Senator Mike Gloor
PCMH Stakeholder meeting minutes
December 4, 2015 2:30 pm to 4:30 p.m.
 Room 1524, Nebraska State Capitol Building

In attendance:

Senator Mike Gloor, District 35
 Senator Mark Kolterman District 24
 Senator Sue Crawford
 Margaret Buck, Leg. Aide to Senator Gloor
 Dr. Joe Miller, NAFP
 Dr. Steve Lazoritz, Arbor Health
 Heather Leschinsky, Nebraska Medicaid
 Carol LaCroix, Aetna Better Health
 Matt Milam, UHC
 Dr. Bob Rauner, NAFP
 Dr. Rick Blatney, NMA
 Margaret Brockman, Office of Rural Health
 Jamie Bland, Enhance Health Network
 Justine O'Neil, Enhance Health Network
 Darla Schaben, Enhance Health Network

Corinna Suiter, BCBS
 Gail Brondum, BCBS
 Brad Hove, BCBS
 Jolene Huneke, SERPA
 Dr. Ken Schaffer, Uninet Kearney
 Dr. Don Darst,
 Dale Mahlman, NMA
 Jina Ragland, NMA
 Robert Bell, DOI
 Dr. Tony Sun, UHC
 Dawn Ballastine, NAND
 Bryson Bartels, NDHHS
 Pat Lopez, Public Health
 Jon Copley, Aetna

A.Welcome and introductions

Senator Gloor opened the meeting and all introduced themselves.

B. Anti-trust statement

The anti-trust statement was read.

C. Discussion of proposed changes to PCMH definition:

Senator Gloor introduced the subject and read the current definition of PCMH as a “physician directed team” and the proposed definition of PCMH of a “primary care practice team.” Although the November vote was to accept the proposed definition at the meeting, concern was voiced after the meeting. So, in an effort to address all concerns, the definition was re-discussed.

Dr. Joe Miller, the President of Nebraska Academy of Family Physicians, gave a statement that began with thanks to Senator Gloor and Wightman and other leaders of the stakeholder group. He stated that we definitely need to and are moving to PCMH and computer enabled population health. However, the experience and education of physicians in disease processes should remain as the leader of a PCMH team and that nurses, managers, IT and others need to be part of the team but not the lead.

Senator Gloor responded that the Agreement is an agreement, not statute, and has no “teeth” of mandated enforcement but we have made great progress. Market forces are heading toward PCMH. He expects the issue to be part of negotiations between insurers and providers. Now that Nebraska allows independent practice of advanced nurse practitioners, would the payers allow them to lead a PCMH? Yes, they would.

Senator Crawford pointed out the state shift in definition and the national shift in definition. Her feeling is that the Agreement does have legislative legitimacy.

Dr. Ken Shaffer: in the pilot program, his clinic went through the initial pilot program to transform to PCMH. He felt it was difficult, complex and it required physician leadership. Social work, advanced practice nursing, behavioral health, nursing homes are all key to PCMH but he maintains that physicians need to be the leaders.

Ongoing discussion pointed out that the membership of NAFP strongly wanted to keep the physician-directed language.

Dr. Steve Lazoritz suggested the Agreement be shortened to a one year agreement, keep the physician-directed agreement, and continue to discuss the issue and find a consensus based on data. He also suggested we invite NPs to the discussion.

It was moved and seconded to shorten the Agreement to one year and keep the current “physician directed” language but to continue the dialogue on this issue. Motion carried. Senators Kolterman and Crawford would not sign the Agreement and Senator Gloor would need to consider the ramifications.

D. Signing of 2016-2017 PCMH Participation Agreement

Passed over.

E. Enhance Network: Practice Transformation Grant

Jamie Bland, Chief Medical Initiatives Officer for Enhance Health Network, presented information on the practice transformation grant (TCPI) work they are doing.

CMS is aggressively moving from fee for service to quality based reimbursement.

2016 MACRA will begin implementation of MIPS, modified fee for service track and the advanced payment model.

Compass PTN and TCPI is the major national initiative designed to provide hands on support to providers in transforming to quality based design reimbursement.

Key initiatives: technical support and education for health care providers.

Slide presentation attached.

F. Information Sharing

Dr. Joe Miller announced a conference in LaVista on March 30th regarding MACRA.

G. Set next meeting date and time

Senator Gloor's office will email out some suggested dates for the next meeting in January.
Meeting adjourned.



TRANSFORMING CLINICAL PRACTICES INITIATIVES (TCPI)

FREQUENTLY ASKED QUESTIONS

1. Who is eligible to participate?

- » Any primary care or specialty care practices or clinicians, including physicians and advanced practice practitioners, are eligible for participation. Please refer to the attached list of eligible professionals.
- » Eligible providers cannot be enrolled in the Medicare ACO SSP, Medicare ACO Pioneer, the Comprehensive Primary Care Initiative, or the Multi-Payer Advanced Primary Care Practice Initiative.

2. What will I gain from participation?

- » Optimize health outcomes for your patients through your practice's direct access to a designated QIA, which are evidence-based quality-improvement and patient engagement resources designed to help streamline clinic processes and improve patient safety—at no cost to you or your practice.
- » Access the data you need, including comparison data on clinical performance, to demonstrate value and successfully achieve and thrive in programs such as the Physician Quality Reporting System, meaningful use and ultimately, the Merit-Based Incentive Payment System.
- » Enable solutions that work for you and your patients by implementing clinical performance measurement and reporting, quality improvement, patient-centered care, and population health management now before they are mandated through payment mechanisms.
- » Take ownership of healthcare transformation to lead, guide, and influence the future of care with the support of your Compass PTN peers.
- » Collaborate with clinician colleagues locally, regionally, and nationally to accelerate your own innovative care strategies.

3. What are my responsibilities if I participate?

- » Participate in Compass PTN learning sessions, and share best practices with other network participants.

ENHANCE HEALTH NETWORK- COMPASS PTN

Transforming Clinical Practices Initiative (TCPi) Grant Overview

Jaime Bland
Chief Clinical Initiatives Officer
ENHANCE Health Network

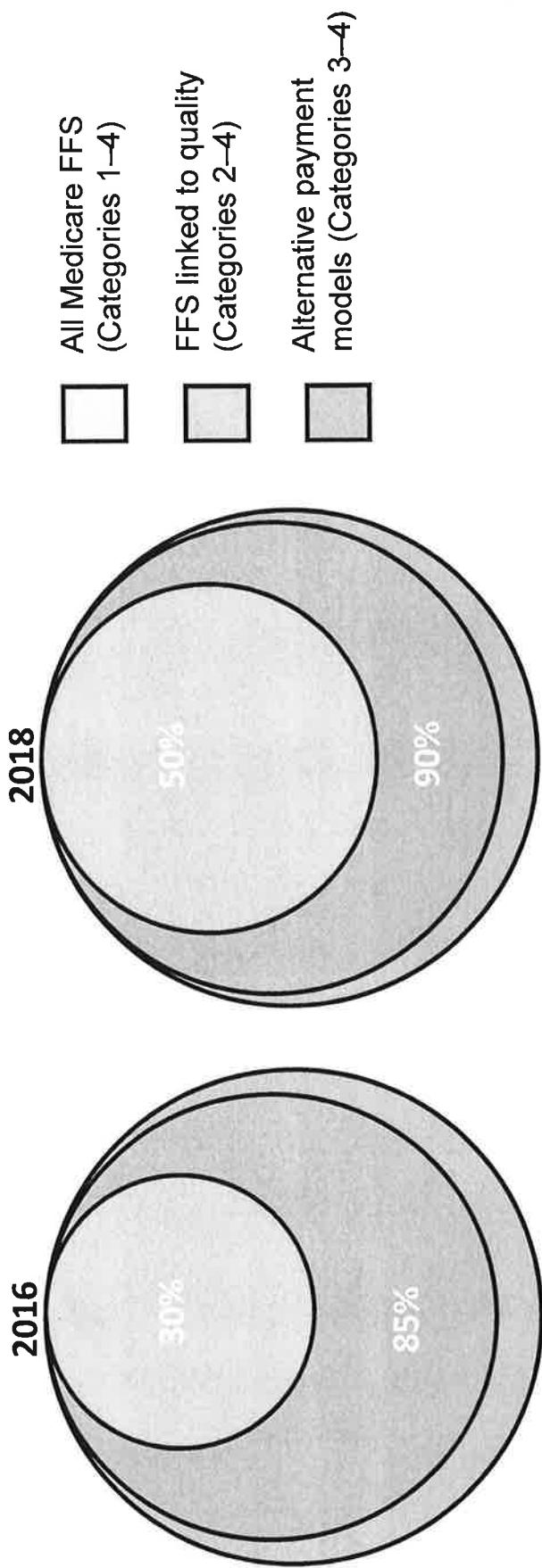
December 4, 2015



I. THE MOVEMENT FROM VOLUME TO VALUE

For the first time in the history of the Medicare program, the HHS has set explicit goals for alternative payment models and value-based payments.

Target Percentage of Payments in FFS Linked to Quality and Alternative Payment Models by 2016 and 2018



The passage of MACRA in April 2015 repealed the Sustainable Growth Rate (SGR). More importantly, however, it changed how Medicare will pay physicians and signaled further changes ahead.

**TRACK 1:
MIPS — MODIFIED FEE-FOR-SERVICE TRACK**

- » The Merit-Based Incentive Payment System (MIPS) incorporates upside and downside risk through four performance measures.
- » Downside penalties will pay for upside bonuses, making MIPS budget-neutral.
- » There is an additional \$500 million that will be distributed annually to top performers from 2019 through 2024.

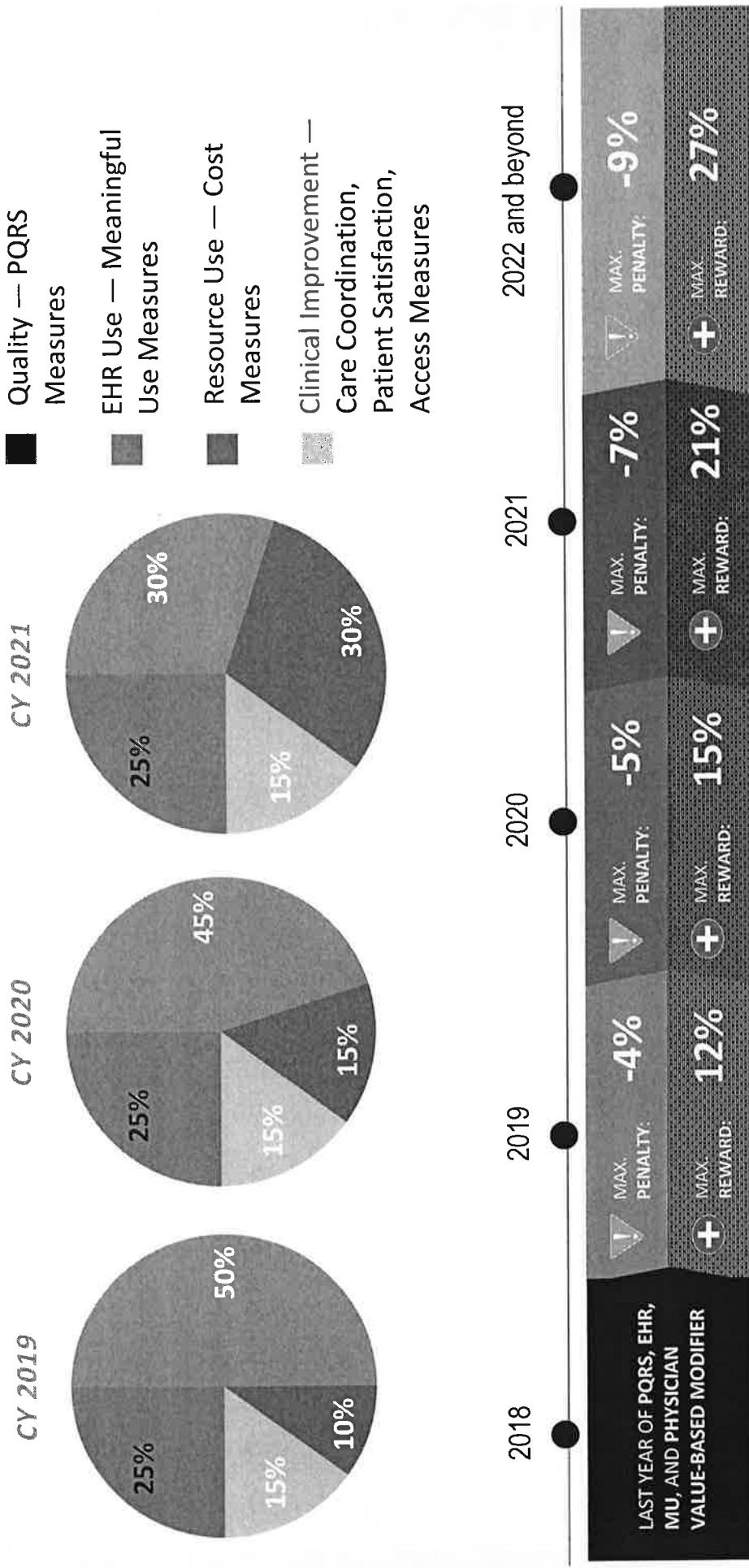
**TRACK 2:
APMS — RISK-BASED TRACK**

- » Alternative Payment Models (APMs) refer to value-based, non-fee-for-service (FFS) payment mechanisms, such as ACOs. To be eligible, providers must use an EHR, be paid for quality metrics similar to those under MIPS, and bear financial downside risk.
- » Providers must receive a large percentage of revenue through APMs to be eligible for this track.
- » The APM track frees physicians from participating in the MIPS performance metrics.

I. THE MOVEMENT FROM VOLUME TO VALUE

MIPS PERFORMANCE EVALUATION

PQRS, MU and VM will combine into a single payment adjustment under MIPS in 2019.



I. THE MOVEMENT FROM VOLUME TO VALUE

Requirements for participation in APMs will increase over time.

2019–2020

2021–2022

2023+

- Medicare revenue requirement from APMs: **50%**
 - or*
 - » All payor revenue from APMs: **50%**
 - » Medicare revenue requirement from APMs: **25%**

- Medicare revenue requirement from APMs: **75%**
 - or*
 - » All payor revenue from APMs: **75%**
 - » Medicare revenue requirement from APMs: **25%**

Annual lump sum bonus on fee schedule: 5% (discontinued after 2024)

II. COMPASS PTN

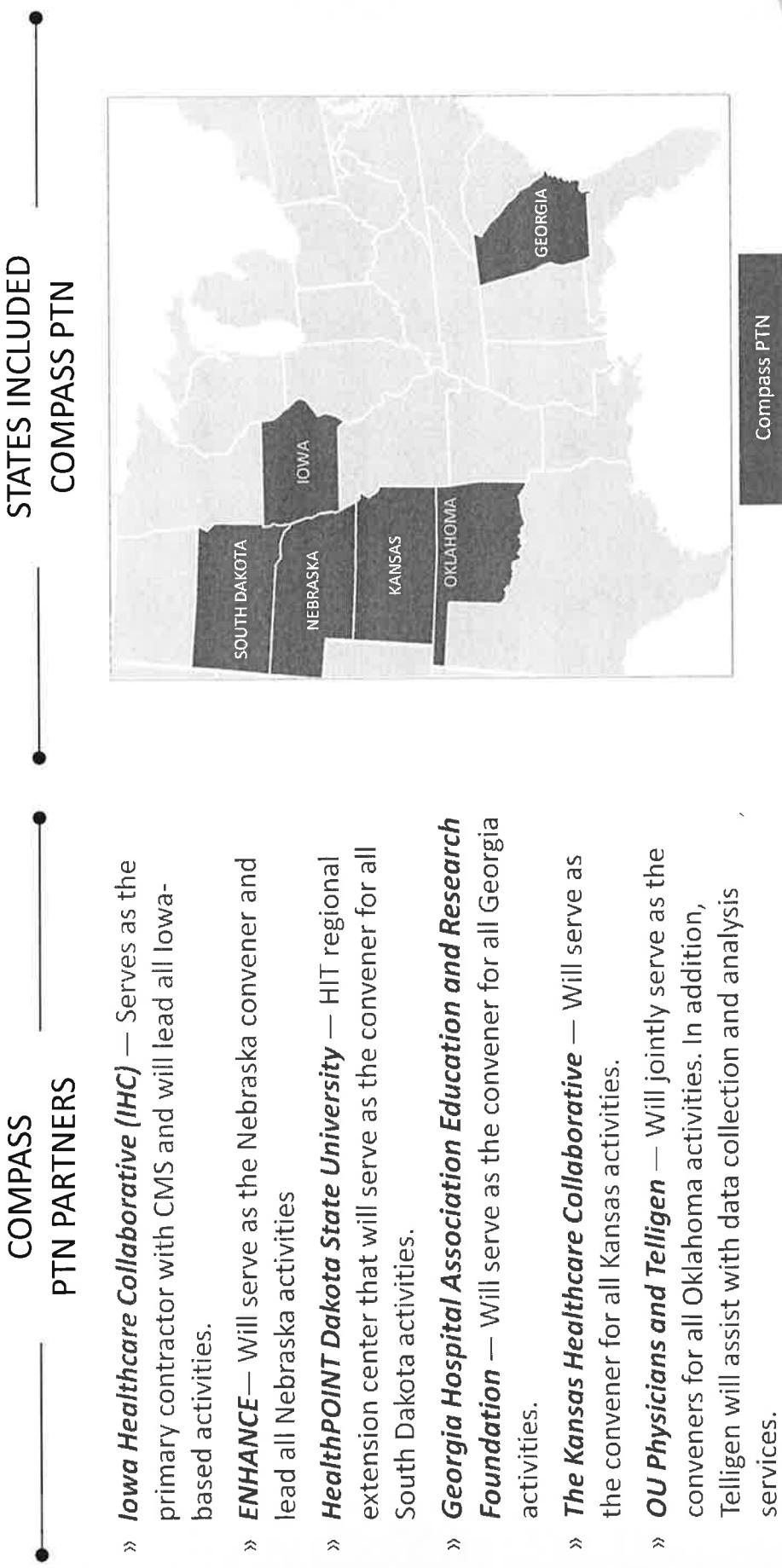
TCPI is the major national initiative designed to “provide hands-on support to 140,000 physicians and other clinicians for developing the skills and tools needed to improve care delivery and transition to alternative payment models.”

— HHS Secretary Sylvia M. Burwell

- » \$685 million was awarded to 39 national and regional health care networks and supporting organizations to help equip more than 140,000 clinicians to transition to value-based care.
- » ENHANCE has joined forces with the Iowa Healthcare Collaborative creating a provider-led, multi-state coalition, known as the Compass Practice Transformation Network (Compass PTN).
- » The initiative will support clinical practices over the next four years in sharing, adapting and further developing their comprehensive quality improvement strategies.
- » Direct support for clinics will include support from practice transformation consultants, data analytics to help understand opportunities and success, and educational opportunities.

II. COMPASS PTN-GRANT PARTNERS

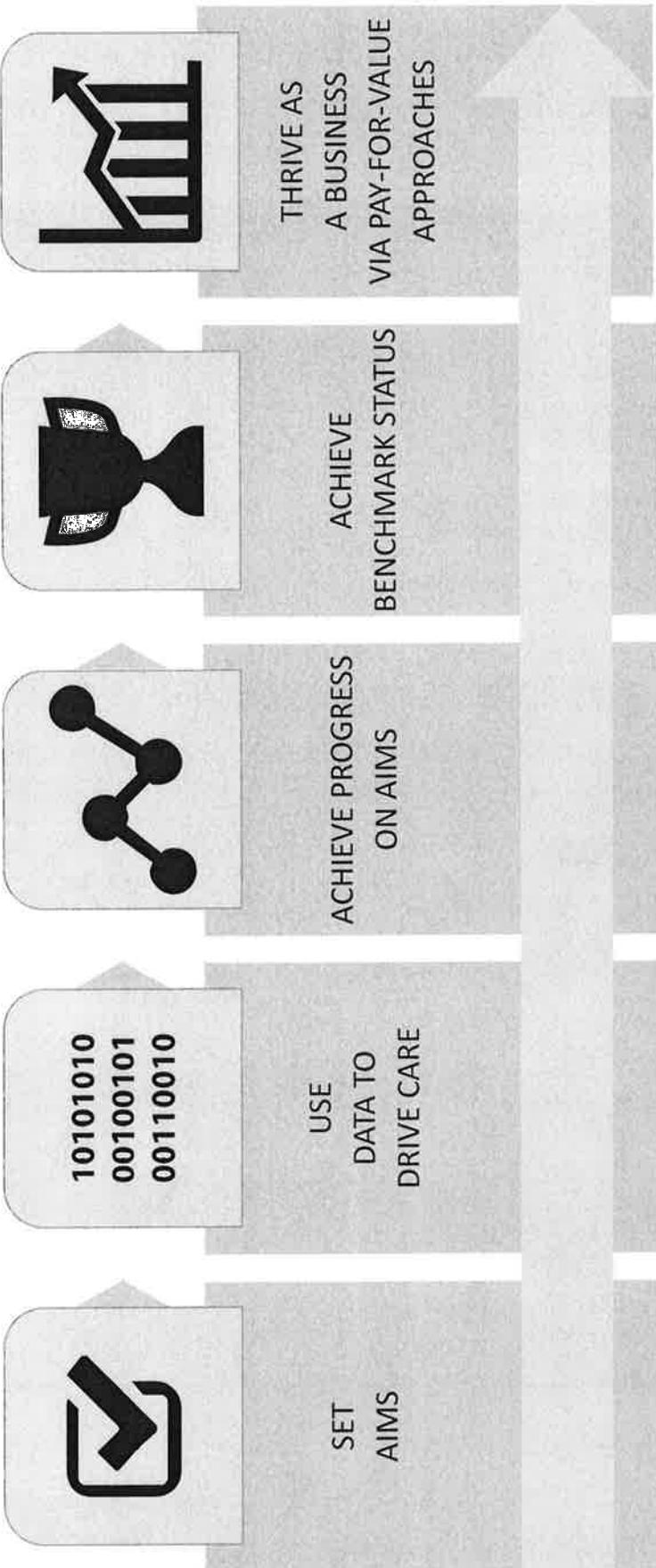
Seven partners will carry out the activities of the Compass PTN to assist clinicians in six states.



II. COMPASS PTN- KEY GRANT ACTIVITIES

The Compass PTN will execute three Plan-Do-Study-Act (PDSA) cycles each year to bring practices through the five phases of transformation.

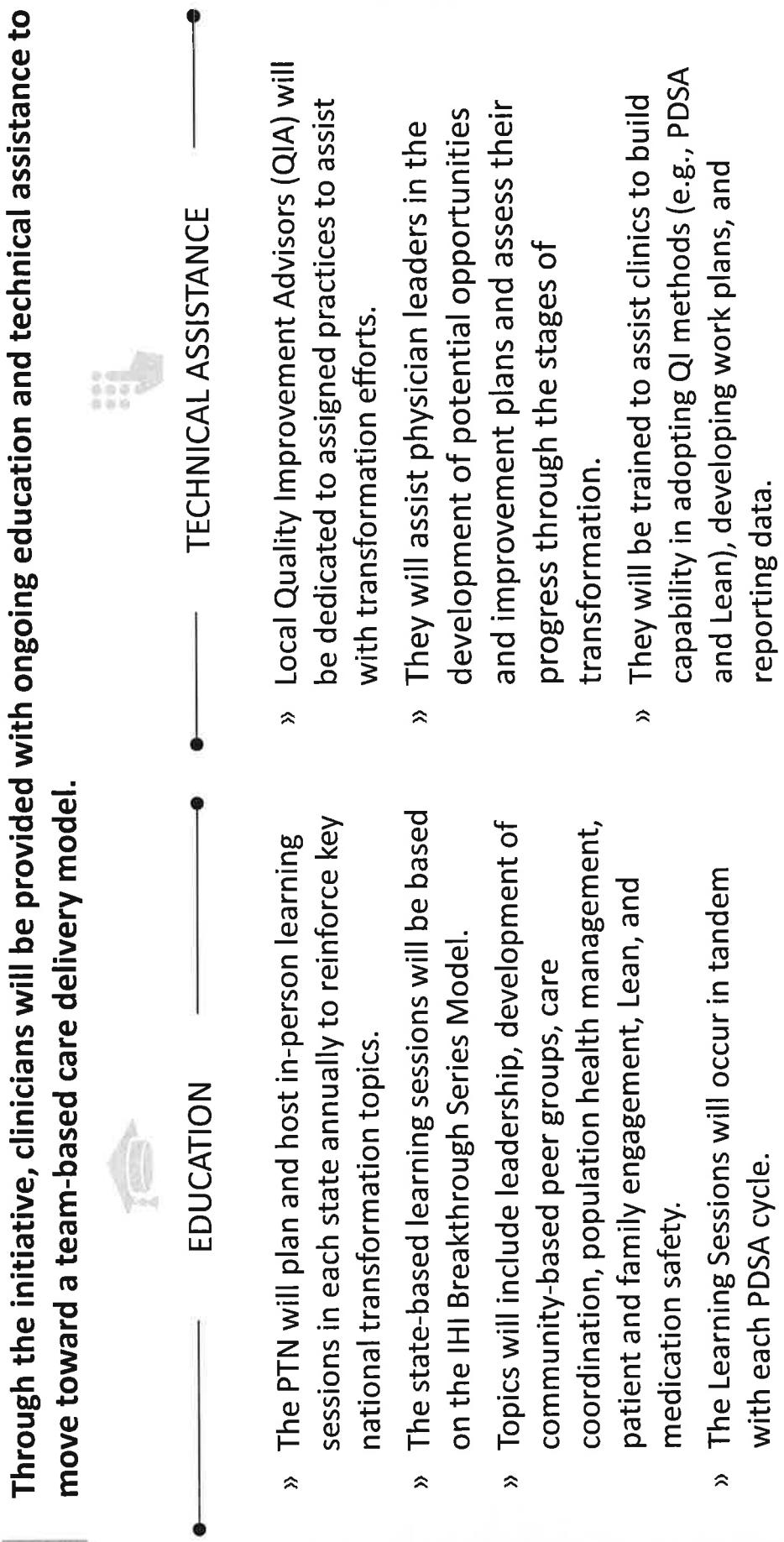
FIVE PHASES OF TRANSFORMATION



Source: Centers for Medicare and Medicaid Services

III. COMPASS PTN- KEY GRANT ACTIVITIES

Through the initiative, clinicians will be provided with ongoing education and technical assistance to move toward a team-based care delivery model.



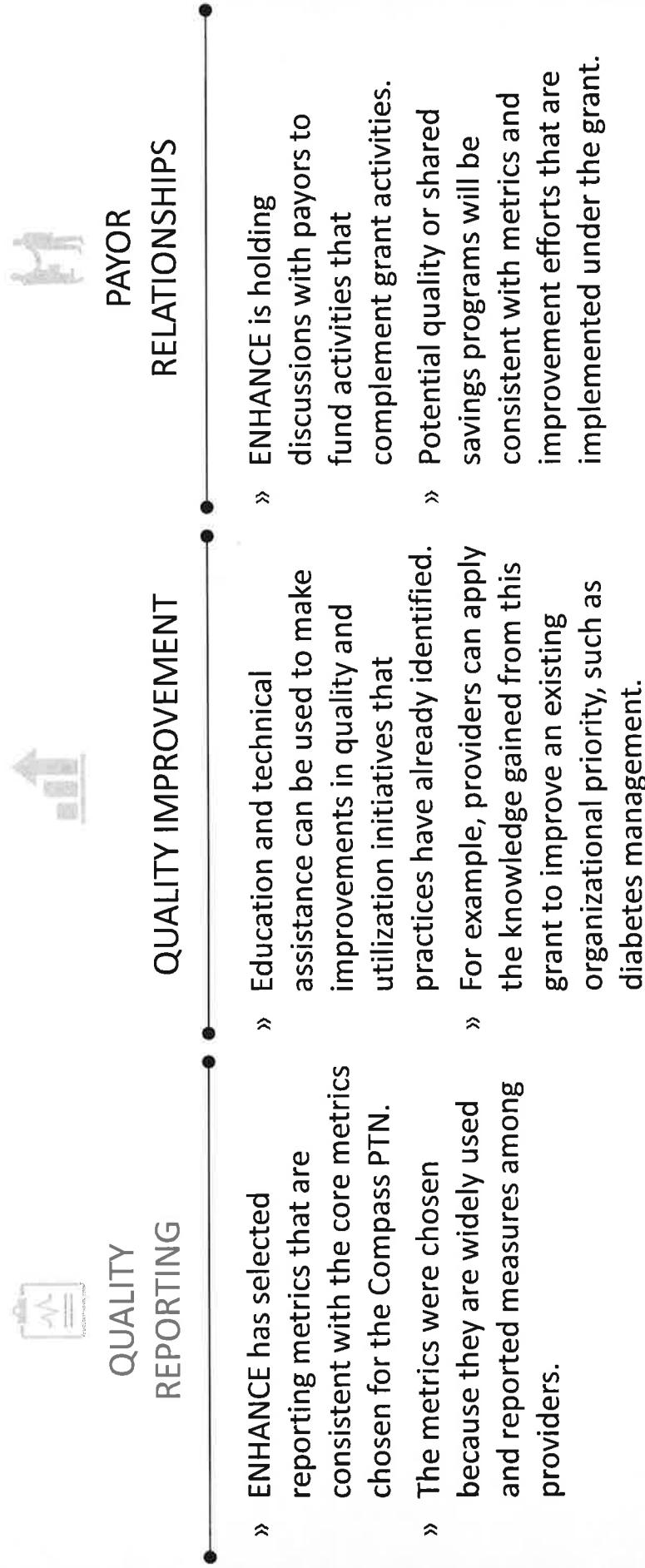
III. BENEFITS OF ENROLLMENT

The Compass PTN enables providers to be prepared for value-based delivery models and lead the effort in national transformation efforts.

- 1** Optimize health outcomes for your patients
- 2** Promote coordination of care for your patients
- 3** Spend more time caring for your patients
- 4** Be prepared for new and emerging federal policies
- 5** Gain access to dedicated quality improvement advisors to support transformation efforts
- 6** Learn from high performers how to effectively engage patients and families in care planning
- 7** Gain opportunities to be part of the national leadership in practice transformation efforts
- 8** Bear no cost or risk to participate in TCPI or PTN

III. BENEFITS OF ENROLLMENT

The activities of the Compass PTN are aligned with the initiatives of ENHANCE



IV. PARTICIPATION EXPECTATIONS

Once enrolled, practices will be expected to participate in learning sessions and submit data monthly.

- Join the PTN by signing a charter indicating that you will focus on the Initiative's aims
- Progress through the five identified phases of practice transformation over four years using technical assistance and peer-led support
- Identify a PTN point of contact in your clinic to receive and disseminate information to clinicians from the PTN, CMS and other contractors
- Collect and submit data monthly via secure web portal beginning in late 2015/early 2016. Data collection will be tailored to the technological capacity of the clinic.
- Participate in 4-month PDSA improvement cycles coupled with in-person (regional or statewide) learning sessions.
- Participate in educational venues and share experiences

V. HOW TO ENROLL

Practices should enroll as soon as possible.

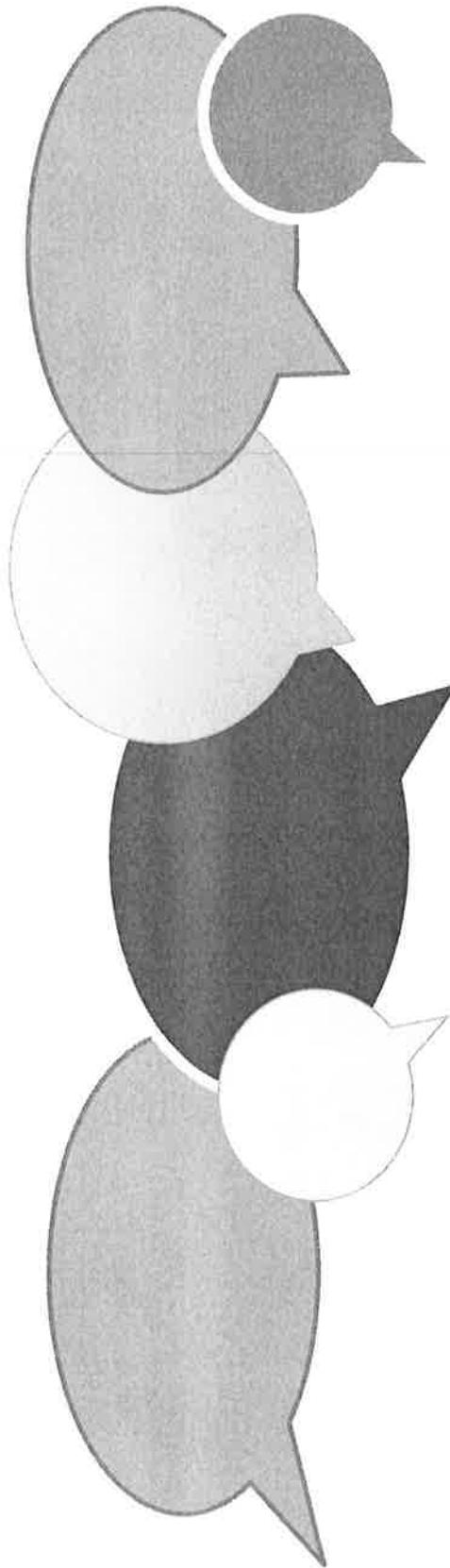
Complete the Compass PTN Charter online at:

www.ihconline.org/CompassPTN

- Click on “Join the Compass PTN”
- Read the enrollment instructions before completing the form.
- Enrollment can be completed at the practice, rather than individual provider, level.
- For Questions, email Jaime Bland jbland@enhancehealthnetwork.com

The screenshot shows the homepage of the Iowa Healthcare Collaborative (IHC) website. At the top, there is a search bar and a navigation menu with links for Home, Contact Us, Links, and Log In. Below the header, there is a banner for "Join the Compass PTN". The main content area features the Iowa Healthcare Collaborative logo and a section titled "Join the Compass PTN". This section includes a "Join the Compass PTN" button, a "Resources" link, and a "Contact Us" link. To the right of this, there is a "Compass PTN" section with tabs for PIPHEN, SIM, Initiatives, and Resources. The "PIPHEN" tab is selected. Below these tabs, there is a brief description of the program and a "Join the Compass PTN" button. Further down the page, there is a "Key Benefits to Participating Clinicians:" list, which includes items such as "Participate in a secure, electronic, web-based network that allows you to access your clinical information from anywhere, at any time", "Get paid for participating in quality improvement activities", and "Participate in a secure, electronic, web-based network that allows you to access your clinical information from anywhere, at any time". The page also features a "Who Can Join?" section and a "Who Can't Join?" section at the bottom.

Questions & Discussion



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